

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Procedure Protocol
URINARY CATHETER

Initial Date: November 19, 2020

Revised Date:

Section 11-30

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to evaluate efficacy, rectify issues or make appropriate referrals for ineffective urinary catheters. Allow placement of urinary catheters for patients with known recurring urinary retention.

Aliases: Foley, cath, suprapubic catheter, indwelling catheter, urinary catheter, sterile technique = aseptic technique.

- I. Indications for urinary catheter care
 - a. blockage or damage of the catheter
 - b. physician ordered replacement
 - c. need for removal
 - d. need for removal and reinsertion
 - e. catheterization for relief of urinary retention
 - f. Consult with referring physician prior to initial placement of a urethral catheter unless it is explicitly written in the physician's orders.
- II. Contraindications
 - a. Recent external trauma to pelvis
- III. Equipment
 - a. Appropriate size urethral catheter (5Fr-26Fr)
 - b. Collection bag
 - c. Syringe (10ml, 20ml or 30ml)
 - d. Lubricant
 - e. Lidocaine Jelly 2%
 - f. Sterile water
 - g. Sterile field kit
- IV. Procedures
 - a. Flushing of an indwelling catheter
 - i. Identify the type of catheter.
 - ii. Examine the catheter for patency, functionality, and placement.
 - iii. If there is evidence of blockage, using sterile technique flush the tube using a 10-30 ml syringe using sterile water at room temperature. .
 - iv. If unable to establish good flow, the catheter is non-functional, damaged or has become displaced consider removal and replacement.
 - b. Removal of urethral or suprapubic catheter
 - i. Empty bag of urine
 - ii. Remove all fluid from balloon
 - iii. Gently remove
 - iv. Note length of the tube section that was inserted
 - c. Placement or replacement of urethral catheter
 - i. Obtain medical direction prior to initial placement of an indwelling urethral catheter

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- ii. Prepare sterile field, utilize sterile technique
 - iii. Check balloon for patency
 - iv. Generously coat the distal portion (2-5 cm) of the catheter with lubricant and/or 2% Lidocaine Jelly 5 to 30 ml for males and 3-5 ml for females.
 - v. Females, separate labia using non-dominant hand. For males, hold the penis with the non-dominant hand.
 - vi. Maintain hand position until preparing to inflate balloon.
 - vii. Using dominant hand to handle forceps, cleanse peri-urethral mucosa with cleansing solution. Cleanse anterior to posterior, inner to outer, one swipe per swab, discard swab away from sterile field.
 - viii. Pick up catheter with gloved (and still sterile) dominant hand. Hold end of catheter loosely coiled in palm of dominant hand.
 - ix. In the male, lift the penis to a position perpendicular to patient's body and apply light upward traction (with non-dominant hand)
 - x. Identify the urinary meatus and gently insert until 1 to 2 inches beyond where urine is noted
 - xi. Inflate balloon, using correct amount of sterile liquid (usually 10 cc but check actual balloon size)
 - xii. Gently pull catheter until inflation balloon is snug against bladder neck
 - xiii. Connect catheter to drainage system
 - xiv. Secure catheter to abdomen or thigh, without tension on tubing
 - xv. Place drainage bag below level of bladder
 - xvi. Evaluate catheter function and amount, color, odor, and quality of urine
 - xvii. Remove gloves, dispose of equipment appropriately, wash hands
 - xviii. Document size of catheter inserted, amount of water in balloon, patient's response to procedure, and assessment of urine
- d. Replacement of existing suprapubic catheter
- i. Prepare sterile field, utilize sterile technique
 - ii. Check balloon for patency
 - iii. Clean and lubricate the insertion site area
 - iv. Insert the catheter into the suprapubic site the same distance as the catheter removed.
 - v. Inflate balloon, using correct amount of sterile liquid (usually 10 cc but check actual balloon size)
 - vi. Gently pull catheter until inflation balloon is snug against bladder neck
 - vii. Connect catheter to drainage system
 - viii. Secure catheter to abdomen or thigh, without tension on tubing
 - ix. Place drainage bag below level of bladder
 - x. Evaluate catheter function and amount, color, odor, and quality of urine
 - xi. Remove gloves, dispose of equipment appropriately, wash hands
 - xii. Document size of catheter inserted, amount of water in balloon, patient's response to procedure, and assessment of urine
- V. Concerns that present threats to the patient's immediate health and well-being must be reported to the referring physician at the conclusion of the visit, all other concerns within 24 hours.



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- VI. Documentation **see CIP Documentation protocol**
 - a. Additionally:
 - i. Color, odor, and quantity of urine when applicable